

Utah Medicaid Provider Manual	Diagnostic and Rehabilitative Mental Health Services by DHS Contractors
Division Of Health Care Financing	July 1993 Updated January 2002

SECTION 2

Diagnostic and Rehabilitative Mental Health Services by DHS Contractors

Table of Contents

1	GENERAL POLICY	2
1 - 1	Authority	2
1 - 2	Scope of Services	2
1 - 3	Definitions	3
1 - 4	Qualified Mental Health Providers	3
1 - 5	Provider Qualifications	3
1 - 6	Billing Arrangements	4
1 - 7	Evaluation Procedures	5
1 - 8	Treatment Plan	5
1 - 9	Documentation	6
1 - 10	Supervision Requirements for Group Skills Development Services	7
1 - 11	Collateral Services	8
2	SCOPE OF SERVICES	9
2 - 1	Mental Health Evaluation	9
2 - 2	Psychological Testing	11
2 - 3	Individual Mental Health Therapy	12
2 - 4	Group Mental Health Therapy	13
2 - 5	Medication Management	14
2 - 6	Skills Development Services	15
2 - 7	Comprehensive Residential Treatment Services	18
2 - 8	Residential Treatment Services	19
2 - 9	Family-Based Residential Services	20
3	PROCEDURE CODES FOR DIAGNOSTIC AND REHABILITATIVE MENTAL HEALTH SERVICES	21
	Mental Health Evaluation	
	Psychiatric Evaluation	
	Psychological Testing	
	Mental Health Therapy	
	Medication Management	
	Skills Development Services	
	Residential Treatment Services	
	INDEX	22

1 GENERAL POLICY

1 - 1 Authority

Effective July 1, 1993, the Utah State Medicaid Plan was amended to allow Medicaid reimbursement for diagnostic and rehabilitative outpatient mental health services provided to CHEC (EPSDT) eligible Medicaid clients.

1 - 2 Scope of Services

The scope of diagnostic and rehabilitative mental health services includes the following:

Diagnostic services

- Mental Health Evaluation
- Psychiatric Evaluation
- Psychological Testing

Rehabilitative services

- Individual Mental Health Therapy
- Group Mental Health Therapy
- Medication Management
- Skills Development Services
- Intensive Group Skills Development Services
- Comprehensive Residential Treatment Services
- Residential Treatment Services
- Family-Based Residential Services

Services must promote the client's mental health, reduce the client's mental disability, restore the client to the highest possible level of functioning, promote the client's self-sufficiency, and systematically reduce the client's reliance on support systems.

See Chapter 2, Scope of Services for service definitions and limitations.

1 - 3 Definitions

CHEC: Child Evaluation and Care; Utah's version of the federally mandated Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. The CHEC program is designed to ensure access to needed medical care for Medicaid eligible clients from birth through age twenty, including the month of the 21st birthday.

Diagnostic Services means any medical procedure recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation.

Rehabilitative Services means any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a client to his best possible functional level.

1 - 4 Qualified Mental Health Providers

Diagnostic and rehabilitative outpatient mental health services are covered benefits only when provided by: (1) a licensed rehabilitative treatment program operated by or under contract with the Department of Human Services (DHS); or (2) a licensed practitioner identified in this section employed by or under contract with DHS. DHS case workers may refer children to mental health providers identified in (1) or (2) of this paragraph for diagnostic services.

1 - 5 Provider Qualifications**A. Providers Qualified to Prescribe Services**

Rehabilitative services must be prescribed by an individual defined below:

1. licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
 - a. licensed physician;
 - b. licensed psychologist;
 - c. licensed clinical social worker;
 - d. licensed advanced practice registered nurse;
 - e. licensed marriage and family therapist;
 - f. licensed professional counselor; or
2. an individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated 1953, as amended:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

B. Providers Qualified to Render Services

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter, in accordance with the limitations set forth in Chapter 2, Scope of Services; or
2. one of the following individuals in accordance with the limitations set forth in Chapter 2, Scope of Services:
 - a. licensed social service worker;
 - b. licensed registered nurse;
 - c. licensed practical nurse; or
 - d. other trained individual.

1 - 6 Billing Arrangements

All providers employed by or under contract with DHS for the provision of services must sign a Medicaid provider agreement enrolling them as Medicaid providers. DHS will be recognized as the agency designated to bill Medicaid and collect reimbursement on the providers' behalf. Providers will continue to submit billings to DHS according to established DHS procedures.

Licensed psychologists and psychiatrists who choose to enroll as a Medicaid provider and bill Medicaid directly may do so. In such instances, the psychologist must continue to use the appropriate psychology Y codes specified in the Utah Medicaid Provider Manual for Psychology Services and follow established prior authorization requirements. Psychiatrists billing Medicaid directly must continue using appropriate CPT-4 codes.

Exception: **All** providers treating subsidized adoptive children who have been exempted from the Prepaid Mental Health Plan (PMHP) for outpatient mental health care must bill Medicaid directly. To bill Medicaid for services provided to subsidized adoptive children exempted from the PMHP, providers must use a separate Medicaid provider number and bill Medicaid electronically or on a standard HCFA-1500 billing form according to billing instructions specified in SECTION 1, General Information, Chapter 11 - 9, of this manual. Established Medicaid billing codes as specified in this manual must be used. To obtain a new Medicaid provider number, or to discuss questions regarding billing procedures, procedure codes, etc., call the Bureau of Managed Health Care, at 538-6636.

1 - 7 Evaluation Procedures

- A. Rehabilitative mental health services must be prescribed by a licensed mental health therapist based on an evaluation of the client's need before rehabilitative services are rendered and billed to Medicaid.
1. In accordance with state law, an individual identified in paragraph A of Chapter 1 - 5 must conduct a mental health evaluation and prescribe the rehabilitative services included within the scope of this manual. The evaluation is an assessment of the client's presenting complaints and mental health needs, and based on the client's needs, indicates whether treatment is appropriate.
- B. If it is determined that a client needs mental health services, an individual identified in paragraph A of Chapter 1 - 5 must prescribe the plan of care or treatment plan.

1 - 8 Treatment Plan**B. Establishment of the Treatment Plan**

The treatment plan or plan of care is a written, individualized plan developed either by the individual identified in paragraph A of Chapter 1 - 5 conducting the evaluation, or by an individual identified in paragraph A of Chapter 1 - 5 who actually delivers the service.

Treatment goals must be related to problems identified in the mental health evaluation, and must be designed to improve the client's condition so that continued participation in the program is no longer necessary.

The treatment plan must be developed in accordance with time frames dictated by DHS policy.

Please note that the actual skills development treatment goals may be developed by qualified skills development providers identified in items #1 - 6 of the "Who" section in Chapter 2 - 6, Skills Development Services.

The treatment plan must include the following:

1. the treatment regimen—the specific medical and remedial services and therapies that will be used to meet the treatment objectives specified in the treatment plan or plan of care;
2. a projected schedule for service delivery, including the expected frequency and duration of each type of service;
3. the credentials of individuals who will furnish the services;
4. reasonable measures, developed in conjunction with the client, to evaluate whether objectives are met;
5. if the treatment plan contains skills development services, it must include goals specific to all skills issues being addressed with this treatment method; and
6. a projected schedule for completing reevaluations of the client's condition and updating the treatment plan.

B. Periodic Review of the Treatment Plan

An individual identified in paragraph A of Chapter 1 - 5 must periodically review the client's treatment plan in accordance with DHS review policy (i.e. at least quarterly), or more often as needed, if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1 - 5 overseeing the treatment plan. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program. If the individual identified in paragraph A of Chapter 1 - 5 determines during a treatment plan review that the treatment plan, (e.g., problems, goals, methods, etc.) needs to be modified, then as part of the treatment plan review, an updated treatment plan must be developed.

Reviews shall be documented in detail in the record, kept on file, and made available for State or Federal review, upon request.

An individual identified in paragraph A of Chapter 1 - 5 must have sufficient face-to-face contact with the client in order to complete the 180-day review of progress toward the treatment objectives, the appropriateness of the services being prescribed and the need for the client's continued participation in the program.

If an individual identified in paragraph A of Chapter 1 - 5 provides ongoing services to the client, then the treatment plan review conducted by this individual may not require a face-to-face contact. However, if the individual identified in paragraph A of Chapter 1 - 5 who will conduct the review has had only limited or no contact with the client during the preceding 180 days, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the client must be seen face-to-face to conduct the treatment plan review.

1 - 9 Documentation**A. The provider must develop and maintain sufficient written documentation for each medical or remedial therapy, service, or session for which billing is made that indicates at least the following:**

1. date and actual time services were rendered;
2. duration of the service;
3. specific services rendered;
4. setting in which services were rendered;
5. relationship of the service to the treatment goals described in the treatment plan;
6. updates describing the client's progress in relationship to the identified treatment goals; and
7. signature and title of individual who rendered the services.

See Chapter 2, Scope of Services, for documentation requirements specific to certain services.

B. The clinical record must be kept on file, and made available for State or Federal review, upon request.

1 - 10 Supervision Requirements for Group Skills Development Services

The supervision requirements listed below must be met in group-skills-development programs. See Chapter 2 - 6, Skills Development Services, for the definition of skills development services.

- A. One of the following practitioners must provide the skills development services directly, or be available to provide consultation and supervision:
1. An individual identified in paragraph A of Chapter 1 - 5;
 2. licensed registered nurse; or
 3. individual certified or credentialed to provide rehabilitative services to children.
- B. At least quarterly, an individual identified above must conduct a review of the group-skills-development program. This review must consist of the following components:
1. a review of a sample of client treatment plans to evaluate appropriateness of goals;
 2. a comprehensive review of the daily activities scheduled for the next 90-day period to ensure activities correlate with individual treatment needs; and
 3. consultation with group skills development staff to:
 - a. identify and resolve clinical concerns regarding program participants;
 - b. develop or modify programs to ensure they meet the needs of participants; and
 - c. ensure continuous improvement in the quality of the skills development services provided.
 4. A written summary of the quarterly review must be kept on file and made available for State or Federal review, upon request.

1 - 11 Collateral Services

Collateral services may be billed if the following conditions are met:

1. the service is provided to an immediate family member (for example, parent or foster parent) on behalf of the identified client; and
2. the identified client is the focus of the session.

The collateral service must be billed under the appropriate service code, such as evaluation, individual mental health therapy, group mental health therapy, individual or group behavior management, or skills development services. However, if the child is in an all-inclusive program (See Chapter 2 - 7, Comprehensive Residential Treatment Services), then the collateral service is included in the all-inclusive daily rate and may not be billed under a separate service code.

2 SCOPE OF SERVICES

2 - 1 Mental Health Evaluation

Mental health evaluation means a face-to-face evaluation where the existence, nature, or extent of illness, injury, or other health deviation is identified for the purpose of determining the client's need for mental health services and establishing written objectives for the provision of such services, as appropriate. If it is determined a client is in need of mental health services, the evaluation must include the development of an individualized treatment plan.

Who:

1. licensed mental health therapist;
2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.
4. Individuals identified below may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist:
 - a. licensed social service worker;
 - b. licensed registered nurse; or
 - c. licensed practical nurse.

Although an individual identified in items a through c above may **assist** in the evaluation process by meeting with the client to gather parts of the psycho-social data as directed by the supervisor, an individual identified in #1 through 3 above must see the individual face-to-face to conduct the mental health evaluation.

Individuals identified in items a through c may also participate as part of the multi-disciplinary team in the development of the treatment plan, **but they may not independently diagnose or prescribe treatment.** Individuals identified in #1 through 3 above, based on their face-to-face evaluation of the client, must diagnose and prescribe treatment.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Evaluation report, diagnoses, treatment recommendations, and individual treatment plan, if applicable.
Reevaluation report (i.e., treatment plan review and updated treatment plan, as appropriate).

Units: **Y0480 - Mental Health Evaluation** - per 15 minutes

Y0488 - Psychiatric Evaluation - per 15 minutes

- Limits:
1. The use of “coercive techniques” where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as “holding therapy,” “rage therapy,” “rage reduction therapy,” “attachment therapy” or “rebirthing therapy”.
 2. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program, a residential treatment program, or family-based residential program. (See Chapters 2 - 7, 2 - 8, and 2 - 9)
 3. The periodic reevaluation of the client's treatment plan by a licensed mental health therapist may be billed **only** if the reevaluation conducted includes a face-to-face interview with the client.

2 - 2 Psychological Testing

Psychological testing means administering (face-to-face), evaluating, and submitting a written report of the results of psychometric, diagnostic, projective, or standardized IQ tests.

- Who:
1. licensed physician;
 2. licensed psychologist; or
 3. certified psychology resident working under the supervision of a licensed psychologist.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Dates of testing, brief history, tests administered, test scores, evaluation of test results, current functioning of the examinee, diagnoses, prognosis, and treatment recommendations.

Unit: **Y0481 - Psychological Testing** - per 15 minutes

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program. (See Chapter 2 - 7)

2 - 3 Individual Mental Health Therapy

Individual mental health therapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Clinical note per session.

Unit: **Y0482 - Individual Mental Health Therapy** - per 15 minutes

Family therapy may be billed using the individual therapy code and must be billed under the name of the Medicaid eligible child.

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program or residential treatment program. (See Chapters 2 - 7 and 2 - 8)

2 - 4 Group Mental Health Therapy

Group mental health therapy means face-to-face treatment with two or more clients in the same session to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. The group should not exceed 10 individuals unless a co-therapist is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

- Record:
1. For each session, documentation of the date, actual time and duration.
 2. Monthly clinical notes summarizing progress toward treatment goals. If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly progress note is not also required.

Unit: **Y0483 - Group Mental Health Therapy** - per 15 minutes per client

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program or residential treatment program. (See Chapters 2 - 7 and 2 - 8)

2 - 5 Medication Management

Medication Management means a face-to-face intervention that includes prescribing, administering, monitoring, or reviewing the client's medication and medication regimen and providing appropriate information to the client regarding the medication regimen.

- Who:
1. licensed physician;
 2. licensed advanced practice registered nurse;
 3. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 4. licensed registered nurse; or
 5. other practitioner licensed under state law to prescribe, review, or administer medication acting within the scope of his/her license.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Medication order or copy of the prescription signed by the prescribing practitioner, and a clinical note for each medication management service.

Unit: **Y0484 - Medication Management by physician** - per encounter by licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse.

Y0485 - Medication Management by RN - per encounter by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.

- Limits:
1. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
 2. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program. (See Chapter 2 - 7)

2 - 6 Skills Development Services

Skills development services means rehabilitative services provided face-to-face to a group of individuals in a residential program, day treatment program, or other appropriate setting to:

- A. assist individuals develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and to assist the individual in complying with their medication regimen; and
- B. assist individuals to develop appropriate social, interpersonal and communication skills, and effective behaviors.

Who:

1. licensed mental health therapist;
2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist;
3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
4. licensed registered nurse;
5. licensed social service worker;
6. individual certified or credentialed to provide rehabilitative services to children;
7. student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker;
8. student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse;
9. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; or
10. licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist identified in Chapter 1 - 5, paragraph A, Providers Qualified to Prescribe Services, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

- Record:
1. daily log documenting the date and duration of the service and the activities provided; and
 2. monthly summary documenting (1) the significant and specific activities in which the client participated during the month, and (2) progress toward skills development treatment goals as a result of that participation.

If more frequent summaries documenting progress toward treatment goals are written, then a monthly summary is not also required.

If skills development treatment goals were met during the month as a result of participation in the skills development services program, then new individualized goals must be developed and added to the treatment plan.

Unit: **Y0486 - Group Skills Development Services** - per 15 minutes per client, for ages 0 through the month of the 21st birthday

Y0487 - Intensive Group Skills Development Services - per 15 minutes per client, for ages 0 through the month of the 13th birthday

- Limits:
1. Skills development services do **not** include:
 - a. activities in which the provider is not present and actively involved in teaching a needed skill;
 - b. activities in which the provider performs tasks for the client;
 - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
 - d. routine supervision of clients;
 - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
 - f. routine transportation of clients or transportation to the site where a skills development service will be provided;
 - g. job training, job coaching, vocational and educational services; and
 - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.
 2. In **group skills development** programs, a ratio of no more than 12 clients per professional staff (identified in "Who" section) must be maintained during the entire program.

3. In the **intensive group skills development** program, a ratio of no more than five clients per professional staff (identified in "Who" section) must be maintained during the entire program.

See Chapter 1 - 10, Supervision Requirements for Group Skills Development Services, for additional supervision requirements for group-skills-development programs.

4. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".
5. This service may not be billed separately if the client is receiving services in a comprehensive residential treatment program, a residential treatment program, or family-based residential program. (See Chapters 2 - 7, 2 - 8 and 2 - 9)

2 - 7 Comprehensive Residential Treatment Services

Comprehensive Residential Treatment Services means an all-inclusive residential treatment program for emotionally/behaviorally disordered children/youth that includes treatment services and 24-hour care and supervision in a facility licensed by DHS or the Department of Health. The residential facility provides an integrated program of therapies, activities and experiences that includes a comprehensive mental health evaluation, psychological testing, psychiatric evaluation and medication management services, individual/family mental health therapy, group mental health therapy, skills development services and other rehabilitative services designed to improve the client's functioning. Services are prescribed by a licensed mental health therapist based upon a comprehensive mental health evaluation. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve the client's condition or prevent further regression so that services of this intensity will no longer be needed.

Who: Residential treatment facility licensed by DHS or the Department of Health

- Record:
1. Weekly or daily program schedules indicating routine and planned activities.
 2. Client daily attendance and absences including the reason for the absence.
 3. For mental health and psychiatric evaluations, psychological testing and medication management services, see the "Record" section in Chapters 2 - 1, 2 - 2 and 2 - 5 of this manual for documentation requirements for these services.
 4. For all other services, for each treatment goal and treatment method related to the goal, a monthly note summarizing progress toward the treatment goal. For treatment goals with skills development services as the treatment method, the monthly note may be completed either by the staff directly providing the services or the staff responsible for overseeing the services. For other treatment methods, the monthly note must be completed by the mental health therapist providing the service. All monthly notes must include the treatment method and a summary of the frequency and duration of the service provided.
 5. Back-up documentation required by DHS to support the summary in the monthly note(s) of the frequency and duration of services must be maintained.

Unit: **Y0489, Y0490, Y0491, Y0492, Y0493, Y0494, Y0495, Y0496, Y0497 - Comprehensive Residential Treatment Services**

- Limits:
1. 1 unit per day per client
 2. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".

Utah Medicaid Provider Manual	Diagnostic and Rehabilitative Mental Health Services by DHS Contractors
Division Of Health Care Financing	July 1993 Updated January 2002

2 - 8 Residential Treatment Services

Residential Treatment Services means a semi-inclusive residential treatment program for emotionally/behaviorally disordered children/youth that includes treatment services and 24-hour care and supervision in a facility licensed by DHS or the Department of Health. The residential facility provides an integrated program of therapies, activities and experiences that includes a comprehensive mental health evaluation, individual/family mental health therapy, group mental health therapy, skills development services and other rehabilitative services designed to improve the client's functioning. Although not a direct part of the program, the provider must have the capacity to arrange for psychological testing, psychiatric evaluation and medication management services, and skills development services provided through a licensed day treatment program. Services are prescribed by a licensed mental health therapist based upon a comprehensive mental health evaluation. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve the client's condition or prevent further regression so that services of this intensity will no longer be needed.

Who: Residential treatment facility licensed by DHS or the Department of Health

Record:

1. Weekly or daily program schedules indicating routine and planned activities.
2. Client daily attendance and absences including reason for absence.
3. For mental health evaluations, see the "Record" section in Chapter 2 - 1 of this manual for documentation requirements for this service.
4. For all other services provided by the residential program, for each treatment goal and treatment method related to the goal, a monthly note summarizing progress toward the treatment goal. For treatment goals with skills development services as the treatment method, the monthly note may be completed either by the staff directly providing the services or the staff responsible for overseeing the services. For other treatment methods, the monthly note must be completed by the mental health therapist providing the service. All monthly notes must include the treatment method and a summary of the frequency and duration of the service provided.

For services arranged for but not directly provided by the residential treatment program (i.e., psychological testing, psychiatric evaluation, medication management services, and skills development services provided in a day treatment program), documentation must be completed and maintained by the service provider in accordance with the applicable documentation requirements outlined in this manual.

5. Back-up documentation required by DHS to support the summary in the monthly note(s) of the frequency and duration of services must be maintained.

Unit: **Y4101, Y4102, Y4103, Y4104, Y4105, Y4106, Y4107 - Residential Treatment Services**

Limits:

1. 1 unit per day per client
2. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".

2 - 9 Family-Based Residential Services

Family-based residential services means a semi-inclusive family home-based residential treatment program for emotionally/behaviorally disordered children/youth that includes treatment services and 24-hour care and supervision in a family home-based setting licensed or certified by DHS or the Department of Health. The family-based program provides an integrated program of therapies, activities and experiences that includes a comprehensive mental health evaluation, skills development services and other rehabilitative services designed to improve the client's functioning. Although not a direct part of the program, the provider must have the capacity to arrange for psychological testing, psychiatric evaluation and medication management services, individual/family mental health therapy, group mental health therapy, and skills development services provided through a licensed day treatment program. Services are prescribed by a licensed mental health therapist based upon a comprehensive mental health evaluation. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve the client's condition or prevent further regression so that services of this intensity will no longer be needed.

Who: Family-based residential program licensed by DHS

- Record:
1. Weekly or daily program schedules indicating routine and planned activities.
 2. Client daily attendance and absences including reason for absence.
 3. For mental health evaluations, see the Record section in Chapter 2 - 1 of this manual for documentation requirements for this service.
 4. For other services provided by the family-based residential program, for each treatment goal and treatment method related to the goal, a monthly note summarizing progress toward the treatment goal. For treatment goals with skills development services as the treatment method, the monthly note may be completed either by the staff directly providing the services or the staff responsible for overseeing the services. All monthly notes must include the treatment method and a summary of the frequency and duration of the service provided.

For services arranged for but not directly provided by the family-based residential treatment program (i.e., psychological testing, psychiatric evaluation, medication management services, individual/family mental health therapy, group mental health therapy, and skills development services provided in a day treatment program), documentation must be completed and maintained by the service provider in accordance with the applicable documentation requirements outlined in this manual.

5. Back-up documentation required by DHS to support the summary in the monthly note of the frequency and duration of services must be maintained.

Unit: **Y4111, Y4112, Y4113, Y4114, Y4115, Y4116, Y4117 - Family-Based Residential Services**

- Limits:
1. 1 unit per day per client
 2. The use of "coercive techniques" where the therapist or others under the direction of the therapist use restraint other than for the protection of the child, noxious stimulation, and/or interference with body functions, such as vision and breathing, are not covered services under Medicaid and may not be billed to Medicaid. These coercive interventions are sometimes also referred to as "holding therapy," "rage therapy," "rage reduction therapy," "attachment therapy" or "rebirthing therapy".

Utah Medicaid Provider Manual	Diagnostic and Rehabilitative Mental Health Services by DHS Contractors
Division Of Health Care Financing	July 1993 Updated July 2001

3 PROCEDURE CODES FOR DIAGNOSTIC AND REHABILITATIVE MENTAL HEALTH SERVICES

For each date of service, enter the appropriate five digit procedure code as indicated below.

Codes	Service and Units	Age of Patient	Limits per Patient
Y0480	Mental Health Evaluation, per 15 minutes	Codes Y0480 -Y0486: Ages 0 through the month of the 21st birthday	See below.
Y0488	Psychiatric Evaluation, per 15 minutes		
Y0481	Psychological Testing, per 15 minutes		
Y0482	Individual Mental Health Therapy, per 15 minutes		
Y0483	Group Mental Health Therapy, per 15 minutes		
Y0484	Medication Management by physician, per encounter		
Y0485	Medication Management by RN, per encounter		
Y0486	Group Skills Development Services, per 15 minutes per client		
Y0487	Intensive Group Skills Development Services, per 15 minutes per client	Ages 0 through the month of the 13th birthday	See below.
Y0489	Comprehensive Residential Treatment Services, per day per client	Ages 0 through the month of the 21st birthday	No other code may be billed with this code.
Y0490			
Y0491			
Y0492			
Y0493			
Y0494			
Y0495			
Y0496			
Y0497			
Y4101	Residential Treatment Services, per day per client	Ages 0 through the month of the 21st birthday	Certain other codes may not be billed. See Chapter 2, Scope of Services.
Y4102			
Y4103			
Y4104			
Y4105			
Y4106			
Y4107			
Y4111	Family-Based Residential Services, per day per client	Ages 0 through the month of the 21st birthday	Certain other codes may not be billed. See Chapter 2, Scope of Services.
Y4112			
Y4113			
Y4114			
Y4115			
Y4116			
Y4117			

INDEX

Assessment	5	Medication Management by physician	14, 21
Attachment therapy	10-14, 17-20	Medication Management by RN	14, 21
Authority	2	Mental Health Evaluation	2, 5, 9, 10, 18-21
Billing Arrangements	4	Mental health therapist .	3-5, 9, 10, 12, 13, 15, 18-20
CHEC (EPSDT) eligible Medicaid clients	2	Periodic Review of the Treatment Plan	6
CHEC: Child Evaluation and Care	3	Physician	3, 11, 14, 21
Child Evaluation and Care	3	Plan of care	5
Clinical social worker	3, 9, 12, 13, 15	PROCEDURE CODES	4, 21
Coercive techniques	10-14, 17-20	Professional counselor	3, 9, 12, 13, 15
Collateral Services	8	Provider Qualifications	3
Comprehensive Residential Treatment Services 2, 8,	18, 21	Psychiatric Evaluation	2, 10, 18-21
Definitions	2, 3	Psychological Testing	2, 11, 18-21
Diagnostic services	2, 3	Psychologist	3, 4, 9, 11-13, 15
Documentation	6, 13, 18-20	Qualified Mental Health Providers	3
Early and Periodic Screening Diagnosis and Treatment (EPSDT)	3	Rage reduction therapy	10-14, 17-20
EPSDT	2, 3	Rage reduction therapy,	10-14, 17-20
Evaluation	2, 3, 5, 8-11, 18-21	Rage therapy	10-14, 17-20
Evaluation Procedures	5	Rebirthing therapy	10-14, 17-20
Family-Based Residential Services	2, 20, 21	Registered nurse	3, 4, 7, 9, 12-15
Group Mental Health Therapy	2, 8, 13, 18-21	Rehabilitative services	2-5, 7, 15, 18-20
Group Skills Development Services .	2, 7, 16, 17, 21	Residential Treatment Services	2, 8, 18, 19, 21
Group-skills-development program	7	SCOPE OF SERVICES	2, 4, 6, 9, 21
Holding therapy	10-14, 17-20	Service and Units	21
Individual Mental Health Therapy	2, 8, 12, 21	Skills Development Services	2, 5, 7, 8, 15-21
Intensive Group Skills Development Services	2, 16, 21	Skills development treatment goals	5, 16
Marriage and family therapist	3, 9, 12, 13, 15	Supervision Requirements	4, 7, 9, 11-14, 17
Medication Management	2, 14, 18-21	Treatment goals	5, 6, 12, 13, 16, 18-20
		Treatment Plan	5, 6, 9, 10, 12, 13, 16, 18-20